

DRAFT

Work Permit # _____
Work Order # _____
Job# 11705 Activity# 01300/01300

1. Work requester fills out this section.

☐ Standing Work Permit

Requester: A. Raphael	Date: 1/20/09	Ext.: 5854	Dept/Div/Group: MPO
Other Contact person (if different from requester):			Ext.:
Work Control Coordinator: R. McKay		Start Date: Spring 2009	Est. End Date: Spring 2011
Brief Description of Work: Construct CCWF II Addition to Bldg. 600			
Building: 600	Room:	Equipment:	Service Provider: TBD

2. WCC, Requester/Designee, Service Provider, and ESS&H (as necessary) fill out this section or attach analysis

ESS&H ANALYSIS			
Radiation Concerns	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne
	<input type="checkbox"/> Contamination	<input type="checkbox"/> Radiation	<input type="checkbox"/> NORM
	<input type="checkbox"/> Other		
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group		<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer	
Radiation Generating Devices:	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges
	<input type="checkbox"/> X-ray Equipment		
Safety and Security Concerns	<input type="checkbox"/> None	<input type="checkbox"/> Explosives	<input type="checkbox"/> Transport of Haz/Rad Material
<input checked="" type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Critical Lift	<input checked="" type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Magnetic Fields*
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input checked="" type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Nanomaterials/particles*
<input type="checkbox"/> Beryllium*	<input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Hydraulic	<input checked="" type="checkbox"/> Noise*
<input type="checkbox"/> Biohazard*	<input checked="" type="checkbox"/> Elevated Work	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Non-ionizing Radiation*
<input type="checkbox"/> Chemicals/Corrosives*	<input checked="" type="checkbox"/> Excavation	<input type="checkbox"/> Lead*	<input type="checkbox"/> Oxygen Deficiency*
<input checked="" type="checkbox"/> Confined Space*	<input type="checkbox"/> Ergonomics*	<input checked="" type="checkbox"/> Material Handling	<input type="checkbox"/> Penetrating Fire Walls
			<input type="checkbox"/> Vacuum
* Industrial Hygiene (IH) Review Required			
Environmental Concerns	<input type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.	
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use Institutional Controls	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input checked="" type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping
Waste disposition by: MPO			
Pollution Prevention (P2)/Waste Minimization Opportunity:		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
FACILITY CONCERNS	<input type="checkbox"/> None		
<input checked="" type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input checked="" type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations
	<input checked="" type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input checked="" type="checkbox"/> Other Work around existing facility
<input checked="" type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input checked="" type="checkbox"/> Utility Interruptions	
WORK CONTROLS			
Work Practices			
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input checked="" type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation
<input checked="" type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input checked="" type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")
Personal Protective Equipment			
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Ear Plugs	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator*
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input checked="" type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers
			<input checked="" type="checkbox"/> Safety Glasses
			<input type="checkbox"/> Safety Harness
			<input checked="" type="checkbox"/> Safety Shoes
			<input checked="" type="checkbox"/> Other Traffic vest, welding ppe
Permits Required (Permits must be valid when job is scheduled.)			
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Cutting/Welding	<input checked="" type="checkbox"/> Impair Fire Protection Systems	
<input checked="" type="checkbox"/> Concrete/Masonry Penetration	<input checked="" type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No	
<input checked="" type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other	
Dosimetry/Monitoring			
<input type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD
<input type="checkbox"/> Air Effluent	<input checked="" type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization
<input type="checkbox"/> Ground Water	<input checked="" type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump	
Training Requirements (List specific training requirements)			
CVO, Electrical Safety			
Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:			If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)
ESS&H Risk Level:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
Complexity Level:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
Work Coordination:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
WCC:			Date:
Service Provider:			Date:
Authorization to start			Date:
(Departmental Sup/WCC/Designee)			

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, and personnel availability need to be addressed):
Contractor to address each concern in the project ESH Plan.

Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring)

Notifications to operations and Operational Limits Requirements:

Post Work Testing, Notification or Documentation Required:

Job Safety Analysis Required: ☐ Yes ☒ No

Walkdown Completed (Required): ☐ Yes

Reviewed by: Primary Reviewer signature means that the hazards and risks that could impact ESS&H have been identified, a Walkdown was completed and the hazards will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	A. Raphael	<i>A. Raphael</i>	19856	2/2/09
ES&H Professional	D. Famam	<i>D. Famam</i>	20179	2/3/09
Building Manager	W. Chaloupka/R. McKay	<i>W. Chaloupka</i>	14691	2-9-09
Service Provider	TBD			
Work Control Coordinator	R. McKay/M. Toscano	<i>M. Toscano</i>	19188	2/3/09
Safety and Health Services (i.e. IH Rep)	F			
Other	F. Zanoni	<i>F. Zanoni</i>	22856	2/9/09
Review Done: <input type="checkbox"/> in series		<input type="checkbox"/> team		

4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).

Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:

Workers are encouraged to provide feedback on ESS&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Department/Division Line Manager or Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name:	Signature:	Life#:	Date:
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6. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)

- a) WCM/WCC: Are there any changes as a result of worker feedback? ☐ Yes ☐ No

Note: See work planning and control subject area section 2.6.

7. Post Job Review/Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor.) The WCC ensures that the change process to update drawings, placards, postings, procedures, etc. are initiated, if necessary.

Name:	Signature:	Life#:	Date:
Comments:			